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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|-----------------|
| | | Application Number | 10/820,544 |
| | | Filing Date | 04/08/2004 |
| | | First Named Inventor | Volkovich |
| | | Group Art Unit | 2831 |
| | | Examiner Name | Thomas, Eric W. |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | |
| 24540-74222US [204992] | | | |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply/ <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) – Figs. <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC |
| | | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| | | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| | | <input type="checkbox"/> Proprietary Information |
| | | <input type="checkbox"/> Status Letter |
| | | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check in the amount of \$1,015.00 representing Issue Fee [\$700]; Publication Fee [\$300]; five[5] advance copies [\$15]; and Return Postcard. |
| | | <input type="checkbox"/> Remarks: |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------|--------------------------------------|
| Firm Name | Drinker Biddle & Reath LLP |
| Signature | |
| Printed Name | Evelyn H. McConathy, Reg. No. 35,279 |
| Date | October 3, 2005 |

CERTIFICATE OF EXPRESS MAIL

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service via express mail label EL998811570US addressed to Mail Stop Issue Fee; Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 3, 2005.

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| Typed or printed name | Marie E. Salvato |
| Signature | |
| Date: October 3, 2005 | |

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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MARIE E. Salvato

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|---------------------------|---------------------|------------------|
| 10/820,544 | 04/08/2004 | Yuri Mironovich Volkovich | 24540-74222US | 8373 |

TITLE OF INVENTION: POSITIVE ELECTRODE OF AN ELECTRIC DOUBLE LAYER CAPACITOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|-------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 10/05/2005. |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| THOMAS, ERIC W | 2831 | 361-502000 |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | <i>Evelyn H. McConathy, Esq. Drinker, Biddle & Reath LLP</i> |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

C and T Company, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vaughan, Ontario

10/05/2005 EAYALEW2 00000022 10820544

1

700.00 OP

300.00 OP

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Evelyn H. McConathy*

Date *September 28, 2005*

Typed or printed name *Evelyn H. McConathy*

Registration No. *35,279*

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